

CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2		1				
3		1				
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47	1					
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Total Indep						
Total Depend						
Total Claims						

*	Indep	Depend	*	Indep	Depend	*
51	X	X				
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99						
100						
Total Indep	3					
Total Depend	44					
Total Claims	47					